

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION





|   | k if this is an amendment and name has ch<br>quity Offshore Fund, Ltd.   | anged, and ind   | icate change   | e.)   |  |
|---|--|--|--|---|--|
| Filing Under (Check box(eapply): Type of Filing: [X] New Fili   | [] Hule 504 [] Hu  | ile 505 [ <b>x</b> ]   | Rule 506   | [ ] Section 4   | (6) [] ULOE  |
|   | A. BASIC IDENTIFI  | CATION DATA  |  | Ü   | HOCESSED   |
| Enter the information re  | equested about the issuer  |  |  | 3   | JUI 2 6 2003   |
|   | if this is an amendment and name has chaquity Offshore Fund, Ltd.  | anged, and indi  | cate change  | .)  | THOMSON  |
| Address of Executive Office c/o Courage Investment  | es (Number and Street, City, State, Z<br>ts, Inc., 1403 Foulk Road, Suite 106-I                                  |  |  |   | luding Area Code)<br>(302) 529-9245  |
| Address of Principal Busin<br>(if different from Executive<br>Same as above   | ess Operations (Number and Street, City<br>Offices)  | , State, Zip Cod   | le) Teleph   | one Number (II  | Same as above  |
|   | ess capital growth over time and to produced approach of value-oriented fund                                     |  |  |   |  |
| Type of Business Organiza   | ation  |  |  | * **  |  |
| [ ] corporation   | [ ] limited partnership, already   |  | • •  | (please specify   |  |
| [ ] business trust  | [ ] limited partnership, to be fo  | rmed   | Cayman   | Islands exem  | oted company   |
|   |  | Month  | Year   |   |  |
| Actual or Estimated Date of   | of Incorporation or Organization:  | [05]   | [06]   | [X] Actua   | [ ] Estimated  |
| Jurisdiction of Incorporatio  | n or Organization: (Enter two-letter U.S. Po<br>CN for Canada; FN for othe                                       |  |  | or State:   |  |
| When to File: A notice must be fill commission (SEC) on the earlier of was mailed by United States regist Where to File: U.S. Securities and Copies Required: Five (5) copies of manually signed copy or bear typee Information Required: A new filling information requested in Part C, an Filling Fee: There is no federal filling State:  This notice shall be used to indicat adopted this form. Issuers relying requires the payment of a fee as a | g must contain all information requested. Amendments<br>d any material changes from the information previously s | es in the offering. An below or, if receive ton, D.C. 20549, must be manually s s need only report t supplied in Parts A au ULOE) for sales of s es Administrator in erproper amount shall | notice is deemed at that addressigned. Any copies the name of the noting B. Part E and ecurities in those ach state where accompany this | ed filed with the U.s after the date on version of manually sign issuer and offering the Appendix need e states that have a sales are to be, or | S. Securities and Exchange which it is due, on the date it ned must be photocopies of g, any changes thereto, the not be filed with the SEC.  dopted ULOE and that have have been made. If a state |

### A. BASIC IDENTIFICATION DATA

# 2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                                 | [X] Promoter | [ ] Beneficial Own  | er [] Executive Office                   | r [] Director | [ ] General and/or<br>Managing Partner |
|---|--------------|---------------------|--|---------------|--|
| Full Name (Last name first, if<br>Courage Capital Manager |              | "Investment Mana    | ager")                                   |               |  |
| Business or Residence Addre<br>4400 Harding Road, Suite   |              |                     | ip Code)                                 |               |  |
| Check Box(es) that Apply:                                 | [] Promoter  | [ ] Beneficial Owne | r [X] Executive Officer                  | [ ] Director  | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if Patton, Richard C. (Execu  |              | the Investment Ma   | anager)                                  |               |  |
| Business or Residence Addre<br>c/o Courage Capital Mana   |              |                     |  | e, TN 37205   |  |
| Check Box(es) that Apply:                                 | Promoter     | [ ] Beneficial Owne | r [X] Executive Officer                  | [ ] Director  | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if Farris, Donald M. (Execu   |              | the Investment Ma   | nager)                                   |               |  |
| Business or Residence Addrec/o Courage Capital Mana       |              |                     |  | e, TN 37205   |  |
| Check Box(es) that Apply:                                 | [ ] Promoter | [ ] Beneficial Owne | er [ ] Executive Officer                 | [X] Director  | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if Sampsell, David            | individual)  |                     |  |               |  |
| Business or Residence Address 3rd Floor, Scotia Center, C |              |                     |  | d Cayman, Cay | man Islands, BWI                       |
| Check Box(es) that Apply:                                 | [] Promoter  | [ ] Beneficial Owne | er [ ] Executive Officer                 | [X] Director  | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if Bree, David                | individual)  |                     |  |               |  |
| Business or Residence Address 3rd Floor, Scotia Center, C |              |                     |  | d Cayman, Cay | man Islands, BWI                       |
| Check Box(es) that Apply:                                 | [ ] Promoter | [ ] Beneficial Owne | er [] Executive Officer                  | [X] Director  | [ ] General and/or<br>Managing Partner |
| Full Name (Last name first, if Seymour, Don M.            | individual)  |                     | en e |               | <u> </u>                               |
| Business or Residence Address of Floor Scotia Center (    |              |                     |  | d Cavman, Cav | man Islands RWI                        |

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# **B. INFORMATION ABOUT OFFERING**

| 1. Has  | the issue                                 | r sold, or o                                      | does the is  | suer inten  | d to sell, to                               | o non-accr                                | edited inve                           | estors in thi             | s offering?.                            |              |   | Yes          | No<br>[X] |
|---|---|---|--|---|---|---|---------------------------------------|---------------------------|---|--------------|---|--------------|-----------|
|   |   |   |  | Answer  | also in App                                 | pendix, Co                                | lumn 2, if f                          | iling under               | ULOE.                                   |              |   |              |           |
| What is the minimum investment that will be accepted from any individual?  (*Subject to waiver) |   |   |  |   |   |   |                                       | \$1,000,000               |   |              |   |              |           |
| 3. Do   | es the offe                               | ring permi  | t joint own  | ership of a   | single un                                   | it?                                       |                                       |                           | *                                       |              | -                                       | Yes<br>[X]   | No        |
| commi<br>persor<br>states,<br>broker  | ssion or si<br>to be liste<br>list the na | milar remu<br>ed is an as<br>me of the<br>you may | uneration f<br>sociated p<br>broker or<br>set forth th | or solicitat<br>erson or a<br>dealer. If r<br>le informat | tion of pure<br>agent of a l<br>more than t | chasers in<br>broker or o<br>five (5) per | connection<br>lealer regis            | stered with<br>listed are | of securitienthe SEC ar                 | es in the o  | offering. If a a state or               | [^]          | []        |
|   | ine (Last                                 | name mat  | , ii iiidivide   | iaij  |   |   |                                       |                           | •                                       |              |   |              |           |
| Busine  | ss or Res                                 | idence Ad   | dress (Nur   | nber and  | Street, City                                | y, State, Zi                              | p Code)                               |                           |   |              |   |              |           |
| Name  | of Associa                                | ted Broke   | r or Deale   | r   |   |   |                                       |                           |   |              |   |              |           |
|   | in Which I                                |   |  |   |   | Solicit Pu                                | rchasers                              |                           |   | [            | ] All States                            |              |           |
| [AL]  | [AK]                                      | [AZ]  | [AR]   | [CA]  | [CO]  | [CT]                                      | [DE]                                  | [DC]                      | [FL]                                    | [GA]         | [HI]                                    | [ID]         |           |
| [IL]  | [IN]                                      | [IA]  | [KS]   | [KY]  | [LA]  | [ME]                                      | [MD]                                  | [MA]                      | [MI]                                    | [MN]         | [MS]                                    | [MO]<br>[PA] |           |
| [MT]<br>[RI]  | [NE]<br>[SC]                              | [NV]<br>[SD]                                      | [NH]<br>[TN]   | [NJ]<br>[TX]  | [MM]<br>[UT]                                | [NY]<br>[VT]                              | [NC]<br>[VA]                          | [ND]<br>[WA]              | [WV]                                    | [OK]         | [OR]<br>[WY]                            | (PF          | -         |
| Full Na   | ame (Last                                 | name first  | , if individu  | ıal)  |   |   | · · · · · · · · · · · · · · · · · · · |                           | · · · · · · · · · · · · · · · · · · ·   |              |   | · · ·        |           |
| Busine  | ss or Res                                 | idence Ad   | dress (Nui   | mber and  | Street, City                                | y, State, Zi                              | p Code)                               | <u> </u>                  |   |              |   |              |           |
| Name  | of Associa                                | ted Broke   | r or Deale   | r   |   |   |                                       |                           |   |              | -                                       |              |           |
|   | in Which                                  |   |  |   |   | Solicit Pu                                | rchasers                              | -                         | *************************************** | ſ            | ] All States                            |              |           |
| [AL]  | [AK]                                      | [AZ]  | [AR]   | [CA]  | [CO]  | [CT]                                      | [DE]                                  | [DC]                      | [FL]                                    | [GA]         | [HI]                                    | [ID          | ]         |
| [IL]  | [IN]                                      | [IA]  | [KS]   | [KY]  | [LA]  | [ME]                                      | [MD]                                  | [MA]                      | [MI]                                    | [MN]         | [MS]                                    | [M           | 0]        |
| [MT]<br>[RI]  | [NE]<br>[SC]                              | [NV]<br>[SD]                                      | [NH]<br>[TN]   | [NJ]<br>[TX]  | [NM]<br>[UT]                                | [NY]<br>[VT]                              | [NC]<br>[VA]                          | [ND]<br>[WA]              | [OH]<br>[WV]                            | (OK)<br>[WI] | [OR]<br>[WY]                            | [P/          | -         |
|   | ame (Last                                 | · ·   |  |   |   |   |                                       |                           |   |              |   |              |           |
| Busine  | ess or Res                                | idence Ad   | dress (Nu  | mber and  | Street, City                                | y, State, Zi                              | p Code)                               |                           |   |              | *************************************** |              |           |
| Name  | of Associa                                | ited Broke  | r or Deale   | r   |   |   |                                       |                           |   |              |   |              |           |
|   | in Which                                  |   |  |   |   | Solicit Pu                                | rchasers                              |                           |   | [            | ] All States                            |              |           |
| [AL]  | [AK]                                      | [AZ]  | [ÁR]   | [CA]  | [CO]  | [CT]                                      | [DE]                                  | [DC]                      | [FL]                                    | [GA]         | · [HI]                                  | [ID          | ]         |
| [IL]  | [IN]                                      | [IA]  | [KS]   | [KY]  | [LA]  | [ME]                                      | [MD]                                  | . [MA]                    | [MI]                                    | [MN]         | [MS]                                    | [M           | 0]        |
| [MT]  | [NE]                                      | [NV]  | [NH]   | [NJ]  | [NM]  | [YN]                                      | [NC]                                  | [ND]                      | [OH]                                    | [OK]         | [OR]                                    | [P/          |           |
| [RI]  | [SC]                                      | [SD]  | [TN]   | [TX]  | [UT]  | [VT]                                      | [VA]                                  | [WA]                      | [WV]                                    | [WI]         | [WY]                                    | [Pi          | ٦j        |

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| C. OFFERING PRICE, NUMBER OF INVESTORS, E | EXPENSES AND USE OF PROCEEDS |
|---|------------------------------|
|---|------------------------------|

1. Enter the aggregate offering price of securities included in this offering and the total amount

already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... Equity ..... [ ] Common [ ] Preferred Convertible Securities (including warrants) ..... Partnership Interests ..... \$1,000,000,000 12,500,000 Other (Specify: common shares, par value \$0.01 (U.S.) per share (the "Interests") Total ..... \$1,000,000,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate **Dollar Amount** Number Investors of Purchases Accredited Investors ..... 12,500,000 Non-accredited Investors ..... 0 n Total (for filings under Rule 504 only) ..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Type of Security Type of offering Sold Rule 505 ..... N/A Regulation A ..... N/A Rule 504 ..... N/A Total ..... N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ...... Printing and Engraving Costs ..... [X] \$. 2,500 Legal Fees ..... IXI \$ 35,000 Accounting Fees ..... 7,500 (X) \$ Engineering Fees ..... [X] \$ Sales Commissions (specify finders' fees separately) ...... [X] \$ Other Expenses (identify) Filing fees 5,000 [X] <u>\$</u> 50,000 Total ......

| expenses furnished in response to Part C - Question 4.a. This differ issuer."  | ence is the "adjusted gross procee   | and total<br>ds to the [X                              | \$ <u>999,950,000</u>                             |  |
|--|--|--|---|--|
| 5. Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any purpose and check the box to the left of the estimate. The total of the paying gross proceeds to the issuer set forth in response to Part C - Questi | e is not known, furnish an estimate<br>ents listed must equal the adjusted |  |   |  |
|  |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others                             |  |
| Salaries and fees  |  | [X] <u>\$</u> 0  | [X] <u>\$</u>                                     |  |
| Purchase of real estate  |  | [X] <u>\$</u> 0  | [X] <u>\$</u> 0                                   |  |
| Purchase, rental or leasing and installation of machinery and equipment  |  | [X] <u>\$</u> 0  | [X] <u>\$</u>                                     |  |
| Construction or leasing of plant buildings and facilities  Acquisition of other businesses (including the value of   |  | [X] <u>\$</u> 0  | [X] <u>\$</u> 0                                   |  |
| securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   |  | [X] <u>\$</u> 0  | [X] <u>\$</u> 0                                   |  |
| Repayment of indebtedness  |  | [X] <u>\$</u> 0  | [X] <u>\$</u> 0                                   |  |
| Working capital  |  | [X] \$ 0   | [X] <u>\$</u> 0                                   |  |
| Other (specify): Portfolio Investments   |  | [X] <u>\$</u> 0  | [X] <u>\$999,950,000</u>                          |  |
| O.L. Table   |  | []\$   | []\$  |  |
| Column Totals Total Payments Listed (column totals added)  | <b></b>  | [X] <u>\$ 0</u> [X]                                    | [X] <u>\$999,950,000</u><br>\$ <u>999,950,000</u> |  |
| D. FEDERAL S   | SIGNATURE  |  |   |  |
| The issuer has duly caused this notice to be signed by the undersig the following signature constitutes an undertaking by the issuer to written request of its staff, the information furnished by the issuer Rule 502.  | furnish to the U.S. Securities and   | Exchange Co  | ommission, upon                                   |  |
| Issuer (Print or Type)   | Signature  | // On  |   |  |
| Courage Hedged US Equity Offshore Fund, Ltd.   | Jul La   | #  | -7/11/06  |  |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)  |  |   |  |
| Richard C. Patton  | Chief Manager of the Investment Manager                                    |  |   |  |
| ATTEN  | TION   |  |   |  |
| Intentional misstatements or omissions of fact constit   | ute federal criminal violations. (   | See 18 U.S.C.  | 1001.)  |  |
|  |  |  |   |  |